

Women/Maternal Health

State Action Plan Table (Alaska) - Women/Maternal Health - Entry 1

Priority Need

Increase access to reproductive health services that adhere to national best practice guidelines.

NPM

NPM 1 - Percent of women with a past year preventive medical visit

Objectives

By 2020, increase to 70% the percent of Alaska women with a past year preventative medical visit.

Strategies

NPM 1.1 Partner with the YWCA to provide patient navigation and health education information to disparate populations to increase the number of women who are rarely or never screened for cervical cancer through the BCHC program.

NPM 1.2 Work with Anchorage-based WIC program to increase access to preventative healthcare visits by using "One Key Question" to identify WIC clients who may need reproductive health services. Referrals to the agency's reproductive health or primary care providers are facilitated for appropriate clients. Agency staff records how many of the referrals receive services.

NPM 1.3: Identify and partner with Federally-Qualified Health Centers (FQHCs) statewide to improve and expand their reproductive health services to adhere to the national QFP standards by providing QFP continuing education, conducting follow-up to assess compliance with QFP, and providing technical assistance to FQHCs who do not meet national standard.

NPM 1.4 Review all pregnancy-associated deaths through the Maternal-Infant Mortality and Child Death Review

NPM 1.5 (NEW) Collect PRAMS Phase 8 data on women receiving "regular checkup" health care visits at a doctor's or OB/GYN's office, or "visits for family planning or birth control" in the 12 months before getting pregnant.

NOMs

NOM 2 - Rate of severe maternal morbidity per 10,000 delivery hospitalizations

NOM 3 - Maternal mortality rate per 100,000 live births

NOM 4.1 - Percent of low birth weight deliveries (<2,500 grams)

NOM 4.2 - Percent of very low birth weight deliveries (<1,500 grams)

NOM 4.3 - Percent of moderately low birth weight deliveries (1,500-2,499 grams)

NOM 5.1 - Percent of preterm births (<37 weeks)

NOM 5.2 - Percent of early preterm births (<34 weeks)

NOM 5.3 - Percent of late preterm births (34-36 weeks)

NOM 6 - Percent of early term births (37, 38 weeks)

NOM 8 - Perinatal mortality rate per 1,000 live births plus fetal deaths

NOM 9.1 - Infant mortality rate per 1,000 live births

NOM 9.2 - Neonatal mortality rate per 1,000 live births

NOM 9.3 - Post neonatal mortality rate per 1,000 live births

NOM 9.4 - Preterm-related mortality rate per 100,000 live births

Perinatal/Infant Health

State Action Plan Table (Alaska) - Perinatal/Infant Health - Entry 1

Priority Need

Reduce substance abuse among families, including alcohol, tobacco and drugs.

NPM

NPM 5 - Percent of infants placed to sleep on their backs

Objectives

Increase the percent of Alaska infants placed to sleep on their backs to 86% by 2021.

Strategies

NPM 5.1. Promote the Alaska Infant Safe Sleep Toolkit among hospitals and birthing facilities statewide (includes NICHD (National Institute of Child Health and Human Development) nurse education module, crib audits, and an infant safe sleep policy).

NPM 5.2 Sudden Unexplained Infant Death (SUID) cases are reviewed by the Alaska MIMR-CDR team using the CDC SUID Investigation Reporting form and classification system

NPM 5.3 Collaborate with a facility that has adopted the Toolkit to evaluate the Toolkit by implementing P-D-S-A cycles.

NPM 5.4 Partner with programs serving low socioeconomic families to provide infant safe sleep education (WIC, Medicaid, home visitation, or other programs)

NOMs

NOM 9.1 - Infant mortality rate per 1,000 live births

NOM 9.3 - Post neonatal mortality rate per 1,000 live births

NOM 9.5 - Sleep-related Sudden Unexpected Infant Death (SUID) rate per 100,000 live births

State Action Plan Table (Alaska) - Perinatal/Infant Health - Entry 2

Priority Need

Reduce substance abuse among families, including alcohol, tobacco and drugs.

Objectives

SPM#1. Among Alaska women who delivered a live birth and reported that they were trying to get pregnant, decrease the percent who indicated that they had one or more alcoholic drinks in an average week during the 3 months before pregnancy to 22% by 2021.

Strategies

SPM 1.1 Promote use of SBIRT (Screening, Brief Intervention, and Referral to Treatment) among health care providers, especially those serving Medicaid clients

SPM 1.2 Promote use of One Key Question tool among health care providers, especially those serving Medicaid clients

Child Health

State Action Plan Table (Alaska) - Child Health - Entry 1

Priority Need

Increase access and preventative health care services to Alaskans and their families.

NPM

NPM 6 - Percent of children, ages 10 through 71 months, receiving a developmental screening using a parent-completed screening tool

Objectives

Increase the percentage of children ages 9-71 months who receive a developmental screening using a parent-completed screening tool to 37% by 2021.

Strategies

NPM 6.1. Support existing Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program to complete the Ages and States Developmental Screening tool on time, as outlined by the Bright Futures periodicity schedule.

NPM 6.2. Partner with Medicaid and participate in the ECCS CoIIN to promote the use of the online Ages and Stages Questionnaire developmental screening tools with health care providers as well as the use of the bill code 96110 (CPT code for a developmental screen) and modifier 33 to track use of standardized tools.

NPM 6.3: Develop and expand Help Me Grow Alaska as a statewide system to support providers, educators and community based service agencies in use of standardized screening tools.

NOMs

NOM 13 - Percent of children meeting the criteria developed for school readiness (DEVELOPMENTAL)

NOM 19 - Percent of children in excellent or very good health

State Action Plan Table (Alaska) - Child Health - Entry 2

Priority Need

Reduce the rate of child maltreatment

NPM

NPM 7 - Rate of hospitalization for non-fatal injury per 100,000 children ages 0 through 9 and adolescents 10 through 19

Objectives

By 2021, decrease the rate of injury related hospital admissions among children 0-9 years to 164 per 100,000.

Strategies

NPM 7.1 Review all child deaths up to age 18 through the Alaska Maternal-Infant Mortality and Child Death Review program

NPM 7.2. (NEW) Participate in and provide leadership for the Alaska Statewide Violence and Injury Prevention Partnership (ASVIPP)

NPM 7.3. Support existing Nurse Family Partnership Home Visiting Program with data and evaluation needs

NPM 7.4 Provide parental education to families participating in Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program regarding prevention of child injuries including topics such as safe sleeping, shaken baby syndrome or traumatic brain injury, child passenger safety, poisonings, fire safety (including scalds), water safety, playground safety, etc.

NOMs

NOM 15 - Child Mortality rate, ages 1 through 9 per 100,000

NOM 16.1 - Adolescent mortality rate ages 10 through 19 per 100,000

NOM 16.2 - Adolescent motor vehicle mortality rate, ages 15 through 19 per 100,000

NOM 16.3 - Adolescent suicide rate, ages 15 through 19 per 100,000

Priority Need

Reduce the rate of child maltreatment

Objectives

Reduce the percentage of child maltreatment related deaths (as specified by the MCDR program) occurring in Alaska among children ages 0-17 to 15% by 2021.

Strategies

SPM 5.1: (NEW) Develop a single (or series) of info graphics that describe the incidence proportion of child maltreatment in Alaska in conjunction with ACES, and child welfare prevalence data.

SPM 5.2: (NEW) Improve the reliability of maltreatment-related mortality classifications (particularly those related to child neglect and negligence) by constructing and testing a standardized classification process (patterned after the CDC SUID process) and back end algorithm for consistent identification. Prior research in Alaska documented a need for improved consistency. This will require the identification of a small additional grant to support contracting with a national expert, and convening research reviews.

SPM 5.3: (NEW) Improve the tracking of maltreatment deaths that are based on the various jurisdictional definitions to allow for timely and comprehensive response to media, legislative, researcher, and other public inquiries.

SPM 5.4: (NEW) Expand the ALCAN link project by acquiring and linking in parental histories with Juvenile Justice, Child Welfare, Law Enforcement, Corrections, and Behavioral Health. Continue to pursue educational records.

SPM 5.5: (NEW) Identify funding to support the establishment of a flexible data platform for these linked data to reside. Transition from the current MS Access platform to improve transferability to other PRAMS jurisdictions.

SPM 5.6: (NEW) Support local/state based initiatives working to prevent maltreatment by providing and interpreting data.

SPM 5.7: (NEW) Improve public access to child welfare data by making count and rate data available through the IBIS system. This system will allow users to extract information they need to support efforts and make decisions and reduce the burden data requests made to child welfare and public health.

SPM 5.8: (NEW) Partner with the Mental Health Board, Alaska Children's Trust, and Child Welfare to develop a centralized website that describes child wellbeing in Alaska using ACES, child welfare, and public health data.

Adolescent Health

State Action Plan Table (Alaska) - Adolescent Health - Entry 1

Priority Need

Increase healthy relationships.

NPM

NPM 9 - Percent of adolescents, ages 12 through 17, who are bullied or who bully others

Objectives

Decrease the percentage of Alaska students in grades 9-12 who report that they were bullied on school property or electronically during the past 12 months to 21% by 2021 (YRBS) NPM 9.2. Decrease the percentage of Alaska adolescents ages 12-17 who are reported by a parent/guardian to bully others in the past month to 12% by 2021 (NSCH)

Strategies

NPM 9.1. Promote and disseminate evidence-based healthy relationship programming, including the Fourth R, 3R's, Bringing in the Bystander, Alaska Promoting Health Among Teens, Healthy Relationships Plus.

NPM 9.2. Provide expertise on healthy relationship risk and protective factors

NPM 9.3. Increase program implementation that uses a positive youth development framework

NPM 9.4. Tailor the Fourth R for Healthy Relationships curricula to be culturally relevant and fit the Alaskan context.

NOMs

NOM 16.1 - Adolescent mortality rate ages 10 through 19 per 100,000

NOM 16.3 - Adolescent suicide rate, ages 15 through 19 per 100,000

State Action Plan Table (Alaska) - Adolescent Health - Entry 2

Priority Need

Increase healthy relationships.

Objectives

Decrease the percentage of Alaska students in grades 9-12 who report that they were bullied on school property during the past 12 months to 87.3% by 2022 (YRBS).

Strategies

SPM 2.1: Develop a Fourth R for Healthy Relationships Parent Engagement Toolkit. Toolkit will include information about the Fourth R topics and tips for parents/caregivers to facilitate healthy relationships conversations with their children.

SPM 2.2: (NEW) Create fact sheets and promotional materials related to the five focus areas of the Alaska Adolescent Health Program: violence and bullying prevention, unintended pregnancy and sexually transmitted infections prevention, substance use and abuse prevention, mental health and wellness promotion, and positive youth development and resiliency promotion.

SPM 2.3: (NEW) Support implementation of the Alaska Safe Children's Act recommendations for age-appropriate model curricula and teacher training materials related suicide prevention training, sexual abuse and sexual assault awareness training and prevention, dating violence and abuse awareness training and prevention, alcohol and drug related disabilities training and education.

Children with Special Health Care Needs

State Action Plan Table (Alaska) - Children with Special Health Care Needs - Entry 1

Priority Need

Improve system of care for families with children and youth with special health care needs

NPM

NPM 11 - Percent of children with and without special health care needs having a medical home

Objectives

By 2021, increase the proportion of CYSHCN who receive integrated care through a patient/family centered medical/health home approach by 20% over Alaska's reported 2009/10 levels of 42.8%.

Strategies

NPM 11.1. Increase CYSHCN access to cross-systems care coordination using the Shared Plan of Care concept

NPM 11.2. Develop and expand a shared resource for families and primary care providers of CYSHCN using the Help Me Grow centralized system model

NPM 11.3. Implement state CYSHCN Plan priorities such as transition to adult care.

NPM 11.4. Expand provider access to medical home concepts and tools through education and statewide technical assistance

NPM 11.5. (NEW) Partner with tribal health and UAA Center for Human Development to implement project ECHO related to autism and other developmental disabilities by contracting with the University of Massachusetts to develop with the SOA an online curriculum to train primary care providers to diagnose children at high risk for autism and/or ADHD.

NPM 11.6 (NEW): Improve the quality and availability of data related to the CYSHCN population (including CAHPS survey, birth defects surveillance, etc)

NPM 11.7 Partner with statewide family leadership agencies to revise and implement Family Navigation services.

NPM 11.8 (NEW) Partner with audiologist and Early Intervention to increase referrals and enrollment by 6 months of age for children diagnosed with a hearing loss.

NPM 11.9: (NEW) Update the Oral Health Dental Guide for Families with CYSHCN.

NOMs

NOM 17.2 - Percent of children with special health care needs (CSHCN) receiving care in a well-functioning system

NOM 19 - Percent of children in excellent or very good health

NOM 22.1 - Percent of children ages 19 through 35 months, who completed the combined 7-vaccine series (4:3:1:3*:3:1:4)

NOM 22.2 - Percent of children 6 months through 17 years who are vaccinated annually against seasonal influenza

NOM 22.3 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the HPV vaccine

NOM 22.4 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the Tdap vaccine

NOM 22.5 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the meningococcal conjugate vaccine

Cross-Cutting/Life Course

State Action Plan Table (Alaska) - Cross-Cutting/Life Course - Entry 1

Priority Need

Increase access and preventative health care services to Alaskans and their families.

NPM

NPM 13 - A) Percent of women who had a dental visit during pregnancy and B) Percent of children, ages 1 through 17 who had a preventive dental visit in the past year

Objectives

NPM 13.1. Increase the percentage of Alaska women who had a dental visit during pregnancy to 60% by 2021. NPM 13.2. Increase the percent of Alaska children ages 1-17 years who had a preventative dental visit in the past year to 77% by 2021.

Strategies

NPM 13.1 Distribute the Oral Health Pocket Guide to all providers who have the opportunity to promote children's oral health

NPM 13.2 Collaborate with Division of Health Care Services to improve preventative dental visit with children ages 1-20 enrolled in Medicaid program. Track dental visit with eruption of first tooth no later than 12 months. Break out preventative dental visits by Alaska Native health corporation with a plan to conduct targeted education to medical and dental providers in tribal programs

NPM 13.3 Analyze Alaska-specific oral health data and write up results for publication online in Epidemiology Bulletins or other similar reports, including Medicaid data on dental-related emergency department visits and CUBS survey data

NPM 13.4 Develop an oral health strategy with school nurses and examine opportunities for school nurses to connect students to services.

NPM 13.5 Explore working with MODA and other health insurance providers (including Medicaid) in Alaska to create and distribute "Alaskanized" fact sheets and other educational materials that explain and promote the use of additional oral health coverage that is available for pregnant women to address untreated dental decay and assist with cleaning/root planning and scaling and periodontal maintenance.

NOMs

NOM 14 - Percent of children ages 1 through 17 who have decayed teeth or cavities in the past 12 months

NOM 19 - Percent of children in excellent or very good health

State Action Plan Table (Alaska) - Cross-Cutting/Life Course - Entry 2

Priority Need

Reduce substance abuse among families, including alcohol, tobacco and drugs.

NPM

NPM 14 - A) Percent of women who smoke during pregnancy and B) Percent of children who live in households where someone smokes

Objectives

NPM 14.1. Decrease the percent of Alaska women who smoked cigarettes during pregnancy to 10.5% by 2020. NPM 14.2. Decrease the percent of Alaska children ages 1-17 years who live in households where someone smokes to 22.8% by 2020.

Strategies

NPM 14.1.a. Partner with March of Dimes for tobacco cessation activities using the SCRIPT model among women of reproductive age and pregnant women (including sharing PRAMS data)

NPM 14.1.b. Partner with the Section of Chronic Disease Tobacco Quit Line to promote provider referrals of pregnant women to the Quit Line that includes permission to receive a call from the quit line within 48 hours of the referral.

NPM 14.2 Provide parental education to families participating in Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program about household smoke exposure to children

NOMs

NOM 2 - Rate of severe maternal morbidity per 10,000 delivery hospitalizations

NOM 3 - Maternal mortality rate per 100,000 live births

NOM 4.1 - Percent of low birth weight deliveries (<2,500 grams)

NOM 4.2 - Percent of very low birth weight deliveries (<1,500 grams)

NOM 4.3 - Percent of moderately low birth weight deliveries (1,500-2,499 grams)

NOM 5.1 - Percent of preterm births (<37 weeks)

NOM 5.2 - Percent of early preterm births (<34 weeks)

NOM 5.3 - Percent of late preterm births (34-36 weeks)

NOM 6 - Percent of early term births (37, 38 weeks)

NOM 8 - Perinatal mortality rate per 1,000 live births plus fetal deaths

NOM 9.1 - Infant mortality rate per 1,000 live births

NOM 9.2 - Neonatal mortality rate per 1,000 live births

NOM 9.3 - Post neonatal mortality rate per 1,000 live births

NOM 9.4 - Preterm-related mortality rate per 100,000 live births

NOM 9.5 - Sleep-related Sudden Unexpected Infant Death (SUID) rate per 100,000 live births

NOM 19 - Percent of children in excellent or very good health

State Action Plan Table (Alaska) - Cross-Cutting/Life Course - Entry 3

Priority Need

Increase evidence based screening for all MCH populations for behavioral and mental health problems

Objectives

SPM 4.1. By 2021, increase the proportion of Alaska women who report being screened for depression during prenatal care to 81.5%.

Strategies

SPM 4.1. Increase partnerships with the division of behavioral health to identify evidence based screening tools

SPM 4.2. Screen women enrolled in Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program for depression up to three months after delivery.